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** CONTINUING DATA *****

This application is a CON of 09/839,123 04/20/2001 PAT 6,618,617

CHZ 8/23/04

** FOREIGN APPLICATIONS *****

NONE CHZ 8/23/04

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/13/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MN	3	38	5
Verified and Acknowledged Examiner's Signature <i>Carl R. Payne</i> Initials <i>CHZ</i>				

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55402

TITLE

Delay to therapy following patient controlled atrial shock therapy request

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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